INTRODUCTION

Ulnar-sided wrist pain is a common complaint, which can be due to a multitude of entities. On its midcarpal side, two anatomical variants of the lunate have been described, with type II having an additional facet articulating with the hamate$^{1,2}$ (Fig. 1).

The type I lunate shows a greater scaphoid translation, whereas the type II lunate is associated with greater scaphoid flexion in radial deviation$^3$. MRI typically shows bone marrow edema and alteration of the cartilage of the proximal pole of the hamate.

CONCLUSION

This review highlights the importance of considering the respective lunate type when dealing with ulnar-sided wrist pain. There are some specific kinematic features, which have a potential implication when treating carpal instability. Currently, arthroscopy allows for an accurate diagnosis and offers an elegant treatment option.

REFERENCES

1. Vegas SF. Arthroscopy 6(1):5-10 1990